



Preschool Power Hour Registration Form

Parent's Name: _____

Parent's Address: _____

Phone Number: _____ Email Address: _____

Who will be bringing the child(ren) to Preschool Power Hour?

Address and telephone if different than parents: _____

Names and dates of birth of all children 0-4 yrs. who will be attending PPH (please include infant siblings)

Name: _____ DOB: _____ Allergies: _____

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Cost is \$20.00 per child per session. Siblings 18 months and younger are welcome to attend at no cost.

_____ number of children x \$20 = \$_____ Note: The cost is non-refundable

How did you hear about our program?

Facebook _____ Friend _____ Email _____ Other (specify) _____

Are you currently a member of a church? Yes No

Name of Church: _____

We periodically use pictures from Power Hour on our website, in brochures, and on Facebook. Please sign here to give St. Matthew's permission to use photographs of you and your child.

Signature: _____ Date: _____

Write check and mail to:
St. Matthew's Lutheran Church
Attn. Julie Nehr
1650 Brown St.
Oconomowoc, WI 53066

Classes held at 1650 Brown St. Please join us in the First Step's Flex Room.